

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten]</i>		7/1/02
O.I.P.E. CLASSIFIER	<i>[Handwritten]</i>		
FORMALITY REVIEW	<i>[Handwritten]</i>	69916	8/20/02
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	11/01/02	7/2/03
2	✓		
3	✓		
4	✓		
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48	✓		
49	✓		
50	✓		

Claim	Final	Original	Date
51	✓		
52	✓		
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Claim	Final	Original	Date
101	✓		
102	✓		
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150	✓		

If more than 150 claims or 10 actions  
staple additional sheet here

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